DISTRIBUTOR'S REPORT OF ADDITION OR REMOVAL

Distributor name: _			
DIS			
Date			
Charitable organiz	zation name:		
ORG:			
			_
Model # of Device	Date changed	Added or removed	
			ı
Playing Location			
Traying Location			
Name:			
Address:			
Telephone number:			
Telephone number: Facility license number:			
active needse number.			
Manufacturer/Dist	tributor from v	whom obtained.	
Wandacturer/Dist		mom optameu.	
Name:			
License #:			
License # .			
Date		Sign	nature
Duit		Sigi	141410
		—— Prin	ted name
		11111	wa nume
		Title	